24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Congressional Leadership Fund			
	C C00504530		
Check if 24-hour report 48-hour report New report Amends report filed	d on 01 13 2017		
Full Name of Payee	Date of Public Distribution/Dissemination		
Whatman Associates	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 6650 Stoffer Rd	Amount		
City State Zip Code	151300.00		
Bellville OH 44813	Transaction ID : 001		
Purpose of Expenditure	Date of Disbursement or Obligation		
Canvasing Category/ Type 004	09 26 / 2016		
Name of Federal Candidate Support Offic	e Sought: X House District: 01		
Zeldin, Lee, , ,	President Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Whatman Associates	M M / D D / Y Y Y Y		
Mailing Address 6650 Stoffer Rd	10 01 2016		
5 COSO Stoller Nu	Amount		
City State Zip Code	151300.00		
Bellville OH 44813	Transaction ID : 002		
Purpose of Expenditure Category/ 004	Date of Disbursement or Obligation		
Canvasing Odd Type 004	09 26 2016		
Name of Federal Candidate Support Office	e Sought: 🗶 House District: 01		
Throne-Holst, Anna, , ,	President Senate State: NY		
Calendar Year-To-Date Disb	ursement For: Primary X General		
Per Election for Office Sought 302963.33 2016	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	302600.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Crosby, Caleb, , ,	M / D D / Y Y Y Y		
CT	01 19 2017		
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	-3	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C	C00504530
Check if 24-hour report 48-hour report New report Amends report filed on 01 13 2017		
Full Name of Payee	Date of P	ublic Distribution/Dissemination
Arena Online	M 07	25 / 2016
Mailing Address 1780 West Sequoia Vista Circle	Amount	
City State Zip Co	de	363.33
Salt Lake City UT 84104		on ID: 003 isbursement or Obligation
Purpose of Expenditure Media placement and production Categ	gory/ Type 004 07	30 / 2016
Name of Federal Candidate	Support Office Sought:	✗ House District:01
Throne-Holst, Anna, , ,	X Oppose President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 36	Disbursement For 2016 Other	or: Primary x General (specify) ▶
Full Name of Payee	Date of P	Public Distribution/Dissemination
Mailing Address		
	Amount	
City State Zip Co	ode	, , , , , , , , , , , , , , , , , , , ,
	Date of D	Disbursement or Obligation
Purpose of Expenditure Categ	gory/ Type	/
Name of Federal Candidate	Support Office Sought:	House District:
	Oppose President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement Fo	or: Primary General r (specify) ▶
		(opeon))
(a) SUBTOTAL of Itemized Independent Expenditures	······	363.33
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 1 7 1 7 1
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	302963.33
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Crosby, Caleb, , , [Electronically Final Signature]	7 77	19 / 2017
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